

Message from the President and CEO:

2016-2020 Strategic Plan: Aiming for Equity in Health Coverage and Care

November 5, 2015

Dear Partners:

This fall, the REACH Healthcare Foundation's Board of Directors adopted a strategic plan and [theory of change](#) for 2016-2020 that builds on the foundation's longstanding interest in health care coverage, access and quality. The REACH Board and staff spent the past year reflecting on our recent investments, looking at our partners' work regionally and nationally, and thinking about where our resources could have the greatest impact.

While talk of foundation strategic planning may spark concern among nonprofit organizations, it is an essential part of our work and something the Board and staff undertakes every five years to assess our impact on health in our region and ensure that the foundation remains true to its mission and purpose. As part of this process, we invited grantees, foundation peers and other community members to share their perspectives on the current health care landscape and identify areas where REACH might bring added benefit. We also worked with the [Mid-America Regional Council](#) to produce a report that examines health conditions in our six-county service area. That report is publicly available online at <http://www.marc2.org/healthdata/> and worth exploring as it reveals both regional progress and persistent challenges.



Since we last adopted a strategic plan and theory of change, we have come to better understand that at the center of our community is a chasm of health inequity which leads to different morbidity and mortality rates depending on where you live in Kansas City; that generational poverty keeps many of our residents from accessing affordable health insurance and high-quality health care services; and that persistent structural and cultural barriers reinforce these enduring health disparities. These fundamental divides in our community will not resolve themselves without focused attention and resources. Even with the implementation of the Affordable Care Act, thousands of our neighbors still lack basic health insurance coverage or access to health care services.

In developing our 2016-2020 Strategic Plan and Theory of Change, we re-examined our strategic priorities against the current health care and health policy landscape, looked at areas where health disparities persist, and considered where our foundation could have a more meaningful role. Under the Board's direction, instead of discarding current strategic priorities, we ultimately decided to sharpen our focus on our core mission, which speaks to equity in health care coverage, access and quality. By emphasizing equity, we believe we will be better positioned to improve access to quality, affordable health care for the most vulnerable in our service area.

It is against this backdrop that we adopted a strategic plan and theory of change with **three outcome areas** that focus on driving improvements in health coverage and care. Our target population continues to be the uninsured and medically underserved but with greater focus on undocumented immigrant and refugee populations; homeless persons; youth transitioning out of foster care; and urgency around eliminating barriers that continue to leave some people behind.

These outcomes are:

- **Enroll all eligible people in health coverage**
- **Close Kansas' and Missouri's health coverage gap**
- **Strengthen the capacity of the safety net to meet the needs of those who remain uninsured and underserved.**

Within our updated theory of change, each of these outcome areas is linked to a set of strategies with defined targets, benchmarks and populations that frame the **long-term impact** we seek:

Achieve health equity by reducing barriers to coverage and care.

Next Steps

For most nonprofits in our service area, the most urgent questions are: What is the implementation timeline, and how does our organization's work fit into this new theory of change?

Regarding our timeline, we anticipate that 2016 will be a transition year. Some of our current work will reach a natural conclusion, and where there are prime opportunities to leverage, new work will move ahead. Other strategies will require further exploration; those funding opportunities will likely take shape later in the year or early in 2017.

Our program staff has begun discussions with our current core operating partners as we prepare to roll out the theory of change in the coming weeks. We will continue our Core Operating Partners funding with no adjustments planned for 2016, but our partners may change in 2017-2020 as we identify those organizations best aligned to advance our theory of change. Rather than issue a single, large program grant application cycle in 2016, we instead may issue several targeted requests for proposals, allowing the Board and staff to determine the most effective allocation of our limited resources toward the new theory of change.

As always, we will continue to employ a combination of discretionary funding, solicited grants, technical assistance and other special projects that focus on supporting enrollment, expanding coverage and strengthening the safety net.

As we roll out the next five-year plan, we know that our work will not move in a simple straight-line trajectory. We will learn from our experiences and partners, and adjust as we monitor results. We know that our strategic planning decisions affect our partners so we commit to open communications as our funding priorities evolve.

Again, we are truly thankful for the dedication and determination of our partners who have pressed forward to improve health access and quality regardless of hurdles. Thank you for continuing to think and work alongside us. We have attached a summary of our [2016-2020 Theory of Change](#) with this message and will continue to provide updates through our web site and discussions with REACH program staff as we share details on each strategy.

With Appreciation,



Brenda R. Sharpe, President and CEO